| ^_^   | Employer's Unemployment Insurance  | (UI)   | Quarter End  | Due Date   |  |
|---|--|--|--|--|--|
| Quarterly   | Wage Report – Form UI-5  |  |  |  |  |
|   |  |  | Employer Identification  | on Numbers   |  |
|   |  |  | UI Account Number  |  |  |
|   |  |  | Federal Id (FEIN)  |  |  |
|   |  |  | UI Contribution Rate UI Administrative Fund Tax Rate UI Total Tax Rate UI Annual Taxable Wage Base (Each Employee) \$30,500.00 |  |  |
| are online at http://ui   | d even if no wages are paid. Instructions for compid.dli.mt.gov/tax/uitaxforms.asp or call 406-444-3   | 834. File online                               |  |  |  |
| Step 1. Check applicable boxes and provide information requested: | □ No Wages paid for the quarter covering this report of the point of the poin | ort  nber of new owner:  entification Number ( | <u> </u>   |  |  |
|   | yment Insurance Employee Wage Listing  | Check here if                                  | f wage listing is attached.  |  |  |
| Employee's Social Sec<br>Number                                   | curity Name of Employee  Last Name First Nam   | 10   | Total Wages Excess Wages Paid this Quarter This Quarter  |  |  |
| Number  | Last Name  |  | r aid this quarter   | This Quarter   |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |
| Totals  |  |  |  |  |  |
| Step 3. Calculate Tax   |  |  | State Unemployment Insurance Tax   | Step 4. Number of UI Employees                               |  |
| 1. Total wages paid   | this quarter   | >  |  | Number of covered  |  |
| UI excess wages (Except Governmental and Reimbursable Accts.)  >  |  | >  |  | workers who worked   |  |
| 3. UI taxable wages (line 1 minus line 2) >                       |  | >  |  | during, or received pay for                                  |  |
| 4. UI total tax rate  |  |  |  | the payroll period that includes the 12 <sup>th</sup> day of |  |
| 5. Total tax (multiply line 3 times line 4)                       |  |  |  | the month:   |  |
| Credits (overpayment from prior quarters)                         |  |  |  | 1st month  |  |
| 7. Adjustments to prior quarters (attach explanation)             |  |  |  |  |  |
| 8. Balance due (line 5 - line 6 +/- line 7 see instructions)      |  |  |  | 2 <sup>nd</sup> month  |  |
| 9. If filing late, add p  | penalty (\$25) and interest (line 8 x 1.5% x month(s)  | ) past due)                                    |  | 3 <sup>rd</sup> month  |  |
| 10. Payment enclose   |  | >  |  |  |  |
| Make Check Payable  | to Unemployment Insurance Division   |  |  |  |  |
|   | Sign and make a copy of this form for your record  |  | , additional wage listings a   | and payment by the due date                                  |  |
| above, even if no wag   | ges are paid or tax is due. Questions? Call (406) 44   | 44-3834.                                       |  |  |  |

Authorized Signature

I certify the information on this report is true and correct.

Date:

Name of Contact Person

Telephone Number

Mail to:

Unemployment Insurance

Helena MT 59604-6339

Contributions Bureau

PO Box 6339

Telephone No